



Application for certificate of Good Standing

(Confirmation of registration particulars)

Urgent Non Urgent

NIC No

Please read the instruction before filling the application

Full Name

Name with Initials

Address		Other information	
House No.	<input type="text"/>	Mobile Telephone No.	<input type="text"/>
Street	<input type="text"/>	Home Telephone No.	<input type="text"/>
City 1	<input type="text"/>	Email address	<input type="text"/>
City 2	<input type="text"/>	Citizenship	<input type="text"/>
Province	<input type="text"/>	Passport No	<input type="text"/>

Registration Information

Registration Category	<input type="text"/>	Registration No	<input type="text"/>
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Please Specify any verification agency to forward the CGS

Email Address

Disciplinary Inquiries Before

Preliminary Proceeding Committee

Professional Conduct Committee

am Sri Lankan citizen .I certify that I have provided correct Information and bears good moral character and not involved in any criminal activity.

Signature

Date

For office use			
	Date	Reg.No	Registrar's Approval

Instruction

Who can apply ?

Sri Lankan Citizen
Person of good character

Fees Paid to the bank or Via Online

Bank: Bank of Ceylon	Branch : Maradana(Branch Code 41)	A/C No: 0000371208
Reference Code : NIC Number	Payment category : CGS	Fees : 10000/- urgent service 8000/- regular service

Payment Instructions.

Payment Modes

1. Direct deposit to the bank(**Green Slip is essential**)
2. Online transfers(**Online Payment slip received from the bank**)
3. Paying through Cash Deposit Machine(**Original thermal slip is essential**)

Important :

As the reference for the transaction, you must enter **your NIC Number and the Payment Category** (Ex- 808590391V -CGS).
If those information is not included in the online slip, the payment will be rejected.

Required Documents (please fill the tick boxes)

Duly furnished application	<input type="checkbox"/>	Affidavit	<input type="checkbox"/>
Payment slip	<input type="checkbox"/>		

General information

Regular Service – The certificate issued within 5 working days

Urgent Service- The certificate issued within 2 working days

Qualifications already inserted in the registry would be added in CGS

NOTE

Please follow the date format [dd/mm/yyyy](#)

Registrar
SRI LANKA MEDICAL COUNCIL
No. 31, Norris Canal Road
Colombo 10

Hotline:0717412222
Tel : +94 11 269 1848
Fax: +94 11 2691848
Fax:+ 94 11 2674787
Email: applications@slmc.gov.lk
Website: www.slmc.gov.lk

B

AFFIDAVIT

I, (Name⁽¹⁾.....)(ID Number.....)
of⁽²⁾.....

being a ⁽³⁾Buddhist/Christian/Roman Catholic/Hindu/Muslim do hereby solemnly and sincerely declare and affirm/do hereby swear and make an oath that;

- (1) I am the declarant/deponent above named.
- (2) I state that I am a Sri Lankan citizen and registrant of the Sri Lanka Medical Council (SLMC) registered as a⁽⁴⁾
- (3) I state that my SLMC Registration No. is
- (4) I state that I have never been convicted of any crime or any offense in Sri Lanka or any other country.
- (5) I state that I have not been charged with any criminal offense and/or instituted pending litigation against me by any Court of Law or any other legal entity situated within or outside the jurisdiction of Sri Lanka, nor am I aware of any investigation into my affairs that has the potential to lead to such charges.
- (6) I further state that I have not been acquitted of an offense on the grounds of unsoundness of mind or insanity.
- (7) I state that I have not settled any criminal charge/charges leveled against me entering into terms of settlement and/or paying compensation to the aggrieved party.
- (8) I state that there is no pending investigation and/or Inquiry into my professional conduct by the SLMC or any licensing, regulatory or other body.
- (9) I further state that I have not been subjected to any investigation into my professional conduct with respect to my current or previous employment, where I have been found guilty.
- (10) I understand that I am fully responsible for the contents of this declaration and its truthfulness.
- (11) I state that I am of good health condition and there is no current health issue likely to impact my performance, health, and safety or the health and safety of others.

(12) I understand and hereby agree that any incorrect and/or misleading information provided may result in violation of the Medical Ordinance No. 26 of 1927.

The declarant/deponent having read over and understood the contents therein placed the signature on thisDay of 202... at

(5)

Before me

(6)

Justice of Peace/Commissioner for Oaths ⁽⁷⁾

- (1) Name as in the SLMC registry
- (2) Address of the declarant
- (3) Mark across (~~not~~) if not applicable.
- (4) Registration Category
- (5) Signature of the declarant on Rs. 50 stamp
- (6) Signature of person before whom the declaration is made, Commissioner of the oath, Justice of Peace.
- (7) Name and title of the person before whom the declaration is made.

Nominating a Person to Collect Documents

Only SLMC registrants having an SLMC ID card can be nominated to collect certificates and ID cards on behalf of the registrants.

Registrant's details

Category:

Registration No.:

Name:

Nominated person's details

Category:

Registration No.:

Name:

Description of documents to be collected

1.

2.

3.

I am authorizing the above-nominated person to collect the above documents on my behalf. I know Sri Lanka Medical Council will not be responsible for any loss or damage of documents after collection from SLMC.

Signature of the proposer

Date:

Signature of the nominee

Please attach the nominated person's photocopy of the SLMC ID card. No document will be issued without the SLMC ID of the nominee.

To be completed at the time of collecting documents from SLMC

I have received the undamaged documents listed above and will be handing them to the proposer as soon as possible.

Signature of the nominee

Date

Initials of the SLMC staff

Instructions

- The Sri Lanka Medical Council advises the registrants to collect their documents from the SLMC Office.
- Under exceptional circumstances, the registrants may nominate an SLMC registered person to collect their documents on their behalf by furnishing this nomination form.
- The SLMC is not responsible for lost or damaged documents once dispatched or handed over.
- The SLMC will not replace lost or damaged documents.
- The SLMC would issue duplicates or extracts of lost or damaged documents, whichever is applicable.

Registrar

Sri Lanka Medical Council

31 Norris Canal Road

Colombo 10

Website: www.slmc.gov.lk

Email: Info@slmc.gov.lk

Telephone: +94112691848

Fax: +94112674787